

Attorney or Party Name, Address, Telephone & FAX Nos., State Bar No. & Email Address JAMIE LYNN GALLIAN 16222 MONTEREY LN. SPACE 376 HUNTINGTON BEACH, CA 92649 (714) 321-3449 JAMIEGALLIAN@GMAILCOM	FOR COURT USE ONLY
<input type="checkbox"/> Debtor(s) appearing without an attorney <input type="checkbox"/> Attorney for Debtor(s)	
<b>UNITED STATES BANKRUPTCY COURT CENTRAL DISTRICT OF CALIFORNIA - SANTA ANA DIVISION</b>	
In re: JAMIE LYNN GALLIAN	<p>CASE NO.: 8:24-bk-12267-SC CHAPTER: 13</p> <p><b>DECLARATION BY DEBTOR(S) AS TO WHETHER INCOME WAS RECEIVED FROM AN EMPLOYER WITHIN 60 DAYS OF THE PETITION DATE</b> [11 U.S.C. § 521(a)(1)(B)(iv)]</p> <p>[No hearing required]</p>

Debtor(s) provides the following declaration(s) as to whether income was received from an employer within 60 days of the Debtor(s) filing this bankruptcy case (Petition Date), as required by 11 U.S.C. § 521(a)(1)(B)(iv):

Declaration of Debtor 1

1.  I am Debtor 1 in this case, and I declare under penalty of perjury that the following information is true and correct:

**During the 60-day period before the Petition Date (Check only ONE box below):**

**I was paid by an employer.** Attached are copies of all statements of earnings, pay stubs, or other proof of employment income I received from my employer during this 60-day period. (If the Debtor's social security number or bank account is on a pay stub or other proof of income, the Debtor must cross out (redact) the number(s) before filing this declaration.)

**I was not paid by an employer** because I was either self-employed only, or not employed.

Date: 09/09/2024 JAMIE LYNN GALLIAN  
Printed name of Debtor 1

  
\_\_\_\_\_  
Signature of Debtor 1

This form is mandatory. It has been approved for use in the United States Bankruptcy Court for the Central District of California.

TRANSPORTATION CHARTER SERVICES INC  
1931 N BATAVIA ST  
ORANGE CA 92865

Period Beginning: 08/09/2024  
Period Ending: 08/23/2024  
Pay Date: 08/30/2024

Filing Status: Single/Married filing separately  
Exemptions/Allowances:  
Federal: Standard Withholding Table

JAMIE LYNN GALLIAN  
16222 MONTEREY LANE  
UNIT 376  
HUNTINGTON BEACH CA 92649

Social Security Number: XXX-XX-3936

Earnings	rate	hours	this period
Coach	22.0000	34.25	753.50
Gratuity			132.50
Training	22.0000	34.00	680.00
<b>Gross Pay</b>			<b>\$1,566.00</b>

year to date	Other Benefits and Information	this period	total to date
753.50	Totl Hrs Worked	68.25	
132.50			
2,810.00			
3,696.00			

Deductions	Statutory
Federal Income Tax	-105.26
Social Security Tax	-97.09
Medicare Tax	-22.70
CA State Income Tax	-31.67
CA SDI Tax	-17.23
<b>Net Pay</b>	<b>\$1,292.05</b>
Checking 1	-969.04
Checking 2	-323.01
<b>Net Check</b>	<b>\$0.00</b>

Important Notes  
YOUR COMPANY PHONE NUMBER IS 714-637-4300

BASIS OF PAY: HOURLY

#### Additional Tax Withholding Information

Taxable Marital Status:  
CA: Single  
Exemptions/Allowances:  
CA: 0

Your federal taxable wages this period are  
\$1,566.00

Your CA taxable wages this period are  
\$1,566.00

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TRANSPORTATION CHARTER SERVICES INC  
1931 N BATAVIA ST  
ORANGE CA 92865

Advice number: 00000354021  
Pay date: 08/30/2024

Deposited to the account of  
JAMIE LYNN GALLIAN

account number	transit	ABA	amount
xxxxxxxxxx6018	xxxx	xxxx	\$969.04
xxxxxxxxxx6012	xxxx	xxxx	\$323.01

THIS IS NOT A CHECK  
NON-NEGOTIABLE